Name in Full: Hattie Black

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deals Island; County: Somerset

Date of death 1904: Month: nov; Day: 6; Age — Years: ; Months: 9; Days:

Sex: Girl; Color or Race: Black; Birthplace: md

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband:

Father's Name: William Black; Father's Birthplace: Md

Mother's Maiden Name: Edith Anderson; Mother's Birthplace: Md

Name of person giving Information: W. J. Anderson; How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tubercules; How long:

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature Physician: Grand Father of child William J. Anderson

Address: Deals Island Md

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Vance Broadwick

2-4-T

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Vernon — County: Somerset.

Date of death: 1904 — Month: Nov — Day: 1

Age: Years: — Months: 9 — Days: 3

Sex: male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Randel Broadwick — Father's Birthplace: Mt Vernon

Mother's Maiden Name: Elizabeth — Mother's Birthplace: Md

Name of person giving Information: Roscoe Broadwick — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: Mt Vernon

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Linwood Bride

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chance — County: Somerset

Date of death: Month: Nov. — Day: 28th — Age: Years: 1 — Months: 4 — Days: 28

Sex: male — Color or Race: Colored — Birthplace: Somerset Co,

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Washington Bride — Father's Birthplace: Somerset Co.

Mother's Maiden Name: Letitia Jones — Mother's Birthplace: Somerset Co,

Name of person giving Information: Washington Bride — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-pneumonia — How long: 2 weeks

Immediate: asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Windsor, M. D.

Address: Dames Quarter, Somerset Co, Md.

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: John Coulbourn (Of John)

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marion Station — County: Somerset

Date of death: 1904 — Month: Nov — Day: 28 — Age: 85 Years — 8 Months — 2 Days

Sex: Male — Color or Race: White — Birthplace: Somerset Co. Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Sarah E. Miles

Father's Name: John Coulbourn — Father's Birthplace: Somerset Co. Md.

Mother's Maiden Name: Elizabeth Coulbourn — Mother's Birthplace: Somerset Co. Md.

Name of person giving Imformation: Mary A. Brinkley — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights Disease — How long: one year

Immediate: Coma — How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O B B Ellegood M.D.

Address: Marion Station Somerset Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88015

Name in Full: Cyrus W. Curtis

CERTIFICATE OF DEATH

MARYLAND

Died at: Deals Island (Town) — Somerset (County)

Date of death: Month Nov — Day 16 — Year 1904

Age: Years 58 — Months — Days —

Sex: male — Color or Race: White — Birthplace: Va

Occupation: Mariner — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Julia A Curtis

Father's Name: Arnol Curtis — Father's Birthplace: Dont know

Mother's Maiden Name: dont know — Mother's Birthplace: md

Name of person giving Information: William A Curtis — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 2 years

Immediate: Cerebritis — How long: 1 mo

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H G Alexander

Address: Deal Island Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: George Christopher Evans

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crisfield — County: Somerset

Date of death: Month: Nov. — Day: 13 — Year: 1901 — Age: 44 Years — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Hopewell Md

Occupation: Sailor — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Florence Evans

Father's Name: Mitchell Evans — Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Rebecca Dougherty — Mother's Birthplace: Somerset Co

Name of person giving information: Emma Bailey — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvula disease Heart — How long: 2 years

Immediate: Pleurisy — How long: 3 weeks

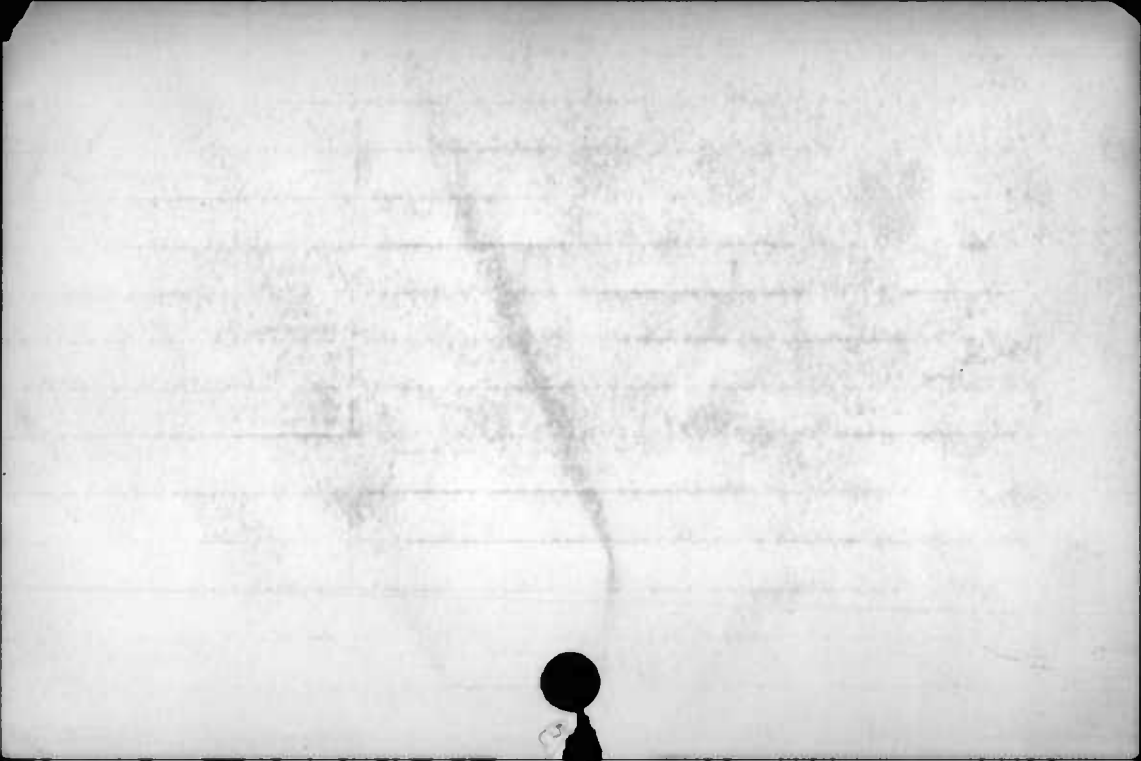
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88818



Name in Full Jones

CERTIFICATE OF DEATH

MARYLAND

Died at Town [illegible] County Somerset

Date of death 190 — Month June Day 30 **Age** Years Months 2½ Days

Sex Male Color or Race Colored Birthplace Md

Married, Single or Widowed Single Occupation

Name of Wife or Husband Marcha Gale

Father's Name Oscar Gale Father's Birthplace Md

Mother's Maiden Name Martia Right Mother's Birthplace Md

Name of person giving information Annie Right How related to deceased Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Cronic Disentary How long 2½

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Father of Child.

Address Jone Enclosed as no Physician attended Jones

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Norwood Graham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deal Island; County: Somerset

Date of death 1904: Month: Mar; Day: 25; Age: Years —; Months: 7; Days:

Sex: Male; Color or Race: White; Birthplace: Dorchester, Md.

Married, Single or Widowed: single; Occupation: none

Name of Wife or Husband:

Father's Name: Thomas Graham; Father's Birthplace: Md

Mother's Maiden Name: Zena Mitchell; Mother's Birthplace: Va

Name of person giving In formation: Zena Graham b/; How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Meningitis (Fulmin); How long: 2 days

Immediate: Apnoae; How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. F. G. Alexander

Address: Deal Island Md

Accident or Suicide? no

LIBRARY BUREAU A88519

Name in Full: Robt H Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wh. Fairmount — County: Somerset

Date of death 1904: Month: Nov — Day: 24 — Age: Years: 85 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Som. Co

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Lizzie L. Jones

Father's Name: Thomas Jones — Father's Birthplace: Som Co.

Mother's Maiden Name: Martha A Handy — Mother's Birthplace: " "

Name of person giving In formation: D. J. Maddux — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: 4

Immediate: and old age — How long: About 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: Dr E. S. Miles

W Fairmount Md.

Accident or Suicide?

LIBRARY BUREAU A88516

T. W. Landon

Landonville

Md.

Name in Full: Sarah Jackson

CERTIFICATE OF DEATH

Died at — Town: Princess Anne — County: Somerset — MARYLAND

Date of death: 1904 — Month: Nov — Day: 11 — Age — Years: 60 or more — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Granticoe

Occupation: Laborer — Where Residing if not at place of death

Married, Single or Widowed: Single — ~~Name of Widow~~ Husband: Daniel Jackson

Father's Name: Joseph Ostens — Father's Birthplace: Granticoe

Mother's Maiden Name — Mother's Birthplace: Katie Ostens

Name of person giving information: Martha Johnson — How related to deceased: Granddaughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Kidney — How long: 3 weeks

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. D. Dennis

Address: Undertaker

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Leroy Landon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death: Month: Nov. — Day: 24 — 1904

Age — Years: one — Months — Days

Sex: Male

Color or Race: White

Birthplace: Crisfield, Md.

Occupation

Where Residing if not at place of death: Crisfield, Md.

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Edward Lee Landon

Father's Birthplace: Crisfield, Md.

Mother's Maiden Name: Maggie E Landon

Mother's Birthplace: " "

Name of person giving Information: Edwd. Justice

How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phneumonia

How long: 5 days.

Immediate: "

How long: 4 "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary F. Messick

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death: Month: Nov — Day: 27 — 1904

Age — Years: 50 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Dorchester Co

Occupation: House Work — Where Residing if not at place of death: Crisfield

Married, Single or Widowed: Widow — Name of Wife or Husband: Frank Messick (deceased)

Father's Name: Theodore North — Father's Birthplace: Worcester Co

Mother's Maiden Name: Millie Levin — Mother's Birthplace: Dorchester Co

Name of person giving Information: Annie Price — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis — How long: 12 Mos

Immediate: " " & Endocarditis — How long: Latter about 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Collins

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Francis R Mills

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death: 1904 — Month: Nov — Day: 30 — Age: Years 64 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: ~~Md~~ Cambridge Md

Occupation: House Work — Where Residing If not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: James Mills

Father's Name: John Shock — Father's Birthplace: Germany

Mother's Maiden Name: Margarita Daniels — Mother's Birthplace: Dorchester Co

Name of person giving Information: James Mills — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza — How long: 1 week

Immediate: Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C E Collins

Address: Crisfield.

Accident or Suicide? No.

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LIBRARY BUREAU A66618

Name in Full: John Morgan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield County: Somerset

Date of death: Month: Nov. Day: 13 Year: 1904

Age: Years: 82 Months: 2 Days: 10

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Farmer Where Residing if not at place of death: Crisfield, Md.

~~Married~~, Single, ~~or~~ Widowed Name of Wife or Husband: long since dead.

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

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Name of person giving Information: E. T. Daughetty How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Genral Failing health How long:

Immediate: Due to old age. no Doctor in attendance How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: J. D. Lawson

Address: Undertaker

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Lybrand Muir

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ardie — County: Somerset

Date of death: Month: Nov — Day: 10 — Years: 24 — Months: — Days: —

Sex: Male — Color or Rece: White — Birthplece: Md

Occupation: Oysterman — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Muir — Father's Birthplece: Md

Mother's Meiden Name: — Mother's Birthplece: Md

Name of person giving In formetion: R H Stoyt — How releted to deceesed: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primar: Pulmonary Tuberculosis — How long: 2 years

Immediate: Exhaustion — How long: 2 hrs

Are the neme, age, sex, color, date and plece correctly given above? Yes

Signeture of Physician: R H Stoyt M.D.

Address: Ardie Md

Accident or Suicide? No

LIBRARY BUREAU A55018

Name in Full: Mrs Julia Nelson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lawsonia — County: Somerset

Date of death: Month: 1904 Nov — Day: 15 — Years: Age 79 — Months: — — Days: —

Sex: — — Color or Race: White — Birthplace: Somerset Co

Occupation: — Where Residing if not at place of death: Lawsonia

Married, Single or Widowed: Married — Name of Wife or Husband: David Nelson.

Father's Name: Benjamin McCready — Father's Birthplace: Somerset Co

Mother's Maiden Name: Julia — Mother's Birthplace: Somerset Co

Name of person giving Information: Mrs C. C. Lankford — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma Stomach — How long: 4 6

Immediate: asthenia — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H Coulbourn,

Address: Crisfield, Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Elsie Ross

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oriole — County: Somerset

Date of death: Month: Nov — Day: 17 — Years: Age 2 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: ✓ — Name of Wife or Husband: ✓

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Schilling Ross — Father's Birthplace: Md

Mother's Maiden Name: Laura Noble — Mother's Birthplace: Md

Name of person giving information: Theo Noble — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 dys

Immediate: Heart failure — How long: Instantly

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Roe Noyes

Address: Oriole Md

Accident or Suicide? no

LIBRARY BUREAU

Name in Full: Rebecca Simpkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt vernon — County: Somerset

Date of death: Month: nov — Day: 7 — Years: Age 62 — Months — Days

Sex: femail — Color or Race: White — Birthplace: Mt vernon

Occupation: house wife — Where Residing if not at place of death: Mt vernon

Married, Single or Widowed: married — Name of Wife or Husband: Jessie Simpkins

Father's Name: William Simms — Father's Birthplace: Mt vernon

Mother's Maiden Name: Rachel parks — Mother's Birthplace: Mt vernon

Name of person giving Imformation: Jessie Simpkins 2 — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: primary Consumption — How long: two year

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature Physician: Dr Hoit

Address: under taker

Accident or Suicide?: Dark Decided

LIBRARY BUREAU A62516

Name in Full: Littleton Burnard Wales

Surname: Somerset

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairmount

County:

Date of death: 1904 Month: 11 Day: 4

Age: Years: 2 Months: 5 Days: 24

Sex: male

Color or Race: Blk

Birthplace: Philadelphia

Occupation:

Where Residing if not at place of death: Fairmount

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Lulu Wales

Mother's Birthplace: Fairmount

Name of person giving Imformation: Marcellina Wales

How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate:

How long: 3 ma.

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo N. Hall

Address: Manokin P.O Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU AB8516

Name in Full: Victoria · Welsh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mount Vernon; County: Somerset

Date of death 1904: Month: November; Day: 29

Age: Years: 50; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Md Somerset

Married, Single or Widowed: Married

Occupation: Housewife

Name of ~~Wife or~~ Husband: Michael Welsh

Father's Name: George Paul

Father's Birthplace:

Mother's Maiden Name: Margaret Gibson

Mother's Birthplace: Dels Ireland

Name of person giving information: Michael Welsh

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis

How long: 12 Days

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel W Jones M.D.

Address: Princess Anne Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Virginia White

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield — County: Somerset — MARYLAND

Date of death: 1904 Month: Nov Day: 10 — Age: Years: 40 Months: Days:

Sex: Female — Color or Race: Blk — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: George White

Father's Name: Daniel Woolford — Father's Birthplace: Md

Mother's Maiden Name: Matilda Woolford — Mother's Birthplace: Md

Name of person giving Information: Mrs Maddox — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 years

Immediate: Exhaustion — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. T. Stroup

Address: Crisfield Md.

Accident or Suicide?

LIBRARY BUREAU A43016

Name in Full: Elijah Whittington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marion; County: Somerset

Date of death 1904: Month: Nov; Day: 28; Age — Years: —; Months: 5; Days: 8

Sex: Male; Color or Race: Colored; Birthplace: Marion md

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband:

Father's Name: Geo E Whittington; Father's Birthplace: Somerset Co

Mother's Maiden Name: Sarah J Ward; Mother's Birthplace: " "

Name of person giving Information: Geo E Whittington; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup 9.; How long: two days

Immediate: "; How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo E Whittington (Father)

Address: Marion Sta Md

Accident or Suicide? No Physician in attendence /

LIBRARY BUREAU A88516